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A CASE OF MASTOID DISEASE FOLLOWING AN OPERATION FOR THE REMOVAL OF ADENOID VEGETATIONS.

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The following case seemed to me to be of sufficient interest to report to this Society, as I do not remember having seen mentioned in otological literature any case of mastoid disease, in which the cause was undoubtedly due to the removal of adenoid growths. On the contrary, most all cases of acute otitis media suppurativa are greatly benefited by this operation, and frequently the discharge from the ear ceases almost immediately after the removal of such vegetations.

The patient, Annie R., aged 24, German, came to the New York Eye and Ear Infirmary on February 16th, 1892. She said she had a sore throat and sent for a physician, who told her she had "growths in the nose," and that she would not be any better until they were removed. This was on February 8th, and on the same day she consented to an operation, and he immediately scraped away with his index finger, all the vegetations that he could, and finished the operation on the following day with forceps.

Two days later, she had a severe pain in her right ear, which has been more severe at night, but the pain has been better at times. She has been using hot Pond's Extract for the ear, and she syringed her nose with a carbolic acid solution the day of the operation and the day following.

Examination.—Right membrana tympani dull red, very



much congested, and slight bulging of the same in the posterior inferior quadrant. Left membrana tympani shows evidences of chronic catarrhal inflammation. There is severe pain on pressure over the tip of the mastoid process and well marked evidences of inflammation of the mastoid cells. H. D. watch, right ear, C; left ear, 24".

I applied my wet-cup at once in front of the tragus and over the apex of the mastoid process, with some relief to the pain, and put the patient to bed. The ear was ordered to be douched with warm boracic acid solution every few hours, and Leiter's coil was applied.

February 17th. The discharge from the ear is profuse. Pain much less severe. The same treatment continued. The patient complained of considerable sore throat and, on examination, it was found to be due to a peritonsillar inflammation of both sides. At 5.45 P. M., temperature 100° and pulse 98.

February 23d. A point of fluctuation was detected in the right peritonsillar abscess and, being incised, about one drachm of pus escaped. The patient was given a gargle, and on the following day an incision was made in the swelling about the left tonsil, but no pus was evacuated. Before the abscess pointed on the right side, she had been taking small pieces of ice. The symptoms of mastoid inflammation having subsided, the coil was taken off.

March 4th. The patient's condition has gradually improved, and on examination today, the right membrana tympani has cleared up very much and the inflammation is rapidly subsiding. There is a small cicatrix in the drum-head just below the umbo, where the membrana tympani was perforated. H. D. watch, right ear, 3"; left ear, 12". Tuning-fork when placed on vertex, heard louder in the right ear. The aerial conduction is better than the bony conduction for both ears. The ears were inflated by

Politzer's method. The temperature at no time rose above 100° F.

The patient continued to improve and passed from observation.

Although it is possible that the acute otitis media and mastoiditis interna may have been due to water entering the Eustachian tube from the carbolic acid solution syringed through the nares, it is more probable, however, that the removal of the adenoid vegetations, which was done in this case in a very unskillful and brutal manner, was the direct cause, not only of the inflammation about the ear, but also of the peritonsillar inflammation.

At the last meeting of this Society, I read a short paper on the use of the Leiter coil in cases of mastoid inflammation. During the past winter I have had under observation a very large number of cases of mastoid disease, and I am fully convinced that in a large number of these cases the inflammation can be arrested and the patient cured by the application of cold, if seen in the early stage of the disease, and I consider the Leiter coil one of the most valuable appliances that we have, in the treatment of acute mastoiditis externa and interna.

